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|---|--|--|--|---|--|---|--|---------------------|--|
|  Department of Veterans Affairs | | FINANCIAL COUNSELING STATEMENT | | 1. INTERVIEW CONDUCTED <input type="checkbox"/> IN FIELD <input type="checkbox"/> IN OFFICE <input type="checkbox"/> BY PHONE | | 2. DATE OF INTERVIEW | | | |
| 3. NAMES(S) OF PERSON(S) INTERVIEWED | | | | 4. TELEPHONE NUMBERS (Include area code) | | 5. LOAN NUMBER | | | |
| | | | | HOME | | | | OFFICE | |
| SECTION I - FINANCIAL INFORMATION (Complete VA Form 26-6807 if appropriate) | | | | | | | | | |
| 6. NAME, ADDRESS, AND TELEPHONE NUMBER | | | | 7. LENGTH OF EMPLOYMENT | | 8. TYPE OF WORK | | 9. AGE OF HOMEOWNER | |
| 10. NAME, ADDRESS, AND TELEPHONE NUMBER OF SPOUSE'S EMPLOYER | | | | 11. LENGTH OF EMPLOYMENT | | 12. TYPE OF WORK | | 13. AGE OF SPOUSE | |
| 14. NAME, ADDRESS, AND TELEPHONE NUMBER OF NEXT OF KIN (Include area code) | | | | | | | | | |
| 15. AGE(S) OF OTHER DEPENDENTS | | 16. AVERAGE MONTHLY INCOME FROM ALL SOURCES (Disclosure of child support, alimony and maintenance income is optional) | | | | | | | |
| | | A. SALARIES (Gross pay) | | B. COMPENSATION OR PENSION | | C. OTHER | | D. TOTAL | |
| | | \$ | | \$ | | \$ | | \$ | |
| 17. ESTIMATED MONTHLY (Other than mortgage) | | | | | | | | | |
| A. NAME OF CREDITOR | | | | B. DATE DUE | | C. BALANCE DUE | | D. MONTHLY PAYMENTS | |
| | | | | | | \$ | | \$ | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | TOTAL | | \$ | | \$ | |
| 18. REASON FOR DELINQUENCY | | | | | | 19. DELINQUENCY REGARDED AS | | | |
| | | | | | | <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT | | | |
| SECTION II - MONTHLY OBLIGATIONS | | | | | | | | | |
| DESCRIPTION | | | | | | EXISTING OBLIGATIONS | | PROPOSED BUDGET | |
| 20. HOUSE EXPENSES | A. MORTGAGE LOAN PAYMENTS (Include investment properties, rents paid, and subordinate mortgages) | | | | | \$ | | \$ | |
| | B. PROPERTY TAXES (Not included in "A" above) | | | | | | | | |
| | C. TELEPHONE AND UTILITIES (Electricity, gas, fuel, water, etc.) | | | | | | | | |
| | D. HOME MAINTENANCE AND REPAIRS | | | | | | | | |
| | E. GARDEN AND POOL MAINTENANCE | | | | | | | | |
| | F. HOUSEHOLD FURNISHINGS | | | | | | | | |
| | G. HOUSEHOLD HELP AND/OR CHILD CARE (Including Social Security, carfare, etc.) | | | | | | | | |
| | H. HOMEOWNER'S AND/OR PROPERTY INSURANCE PREMIUMS (Not included in "A" shown) | | | | | | | | |
| | I. SUB TOTAL | | | | | \$ | | \$ | |
| 21. BASIC FAMILY EXPENSES | A. GROCERIES AND HOUSEHOLD ITEMS | | | | | \$ | | \$ | |
| | B. CLOTHING PURCHASES (Work, children, personal) | | | | | | | | |
| | C. LAUNDRY AND DRY CLEANING | | | | | | | | |
| | D. MEDICAL EXPENSES (Physician, dentist, pharmacy) | | | | | | | | |
| | E. HEALTH INSURANCE PREMIUMS | | | | | | | | |
| | F. EDUCATION (Tuition, supplies, room and board, etc.) | | | | | | | | |
| | G. VEHICLE PAYMENTS | | | | | | | | |
| | H. VEHICLE EXPENSES (Gas, oil, repairs, insurance) | | | | | | | | |
| | I. COMMUTING EXPENSES (Other than personal vehicles) | | | | | | | | |
| | J. POCKET MONEY (Allowances, wife, husband, children, lunches) | | | | | | | | |
| | K. SUB TOTAL | | | | | \$ | | \$ | |
| 22. ADDITIONAL FAMILY EXPENSES | A. ENTERTAINMENT (Meals, shows, etc.) | | | | | \$ | | \$ | |
| | B. VACATIONS AND CAMPS | | | | | | | | |
| | C. RECREATION (Skiing, boats, riding, etc.) | | | | | | | | |
| | D. SPECIAL COURSES OR LESSONS | | | | | | | | |
| | E. GIFTS (Birthdays, anniversaries, etc.) | | | | | | | | |
| | F. CHARITABLE CONTRIBUTIONS | | | | | | | | |
| | G. CLUB DUES AND EXPENSES | | | | | | | | |
| | H. BOOKS AND SUBSCRIPTIONS (Record clubs, etc.) | | | | | | | | |
| | I. PETS (Food, veterinary care) | | | | | | | | |
| | J. SUB TOTAL | | | | | \$ | | \$ | |
| 23. OTHER EXPENSES | A. FEDERAL INCOME TAXES | | | | | \$ | | \$ | |
| | B. STATE AND CITY INCOME TAXES | | | | | | | | |
| | C. SOCIAL SECURITY TAXES AND/OR RETIREMENT DEPOSIT | | | | | | | | |
| | D. LIFE INSURANCE PREMIUMS | | | | | | | | |
| | E. DISABILITY INSURANCE PREMIUMS | | | | | | | | |
| | F. INSTALLMENT LOAN PAYMENTS (Including interest) | | | | | | | | |
| | G. PROFESSIONAL SERVICES (Union dues, accounting, legal, investment, etc.) | | | | | | | | |
| | H. ALIMONY | | | | | | | | |
| | I. CHILD SUPPORT | | | | | | | | |
| | J. OTHER EXPENSES | | | | | | | | |
| | K. SUB TOTAL | | | | | \$ | | \$ | |
| 24. TOTAL MONTHLY EXPENSES | | | | | | \$ | | \$ | |
| 25. RECAP: INCOME/EXPENSES | | | | | | | | | |
| A. MONTHLY GROSS INCOME (Item 17D) | | | | B. MINUS MONTHLY EXPENSES (Item 25) | | | | C. TOTAL | |
| \$ | | | | - \$ | | | | = \$ | |

| SECTION III - NET WORTH STATEMENT | | | | | | | |
|--|----------------------|---------------------------------|----------|--|-------------------------|--|----------|
| 26. ASSETS | | | | | | | |
| A. REAL ESTATE <i>(Market value of real estate owned)</i> | | | | | | \$ | |
| B. CASH <i>(The total amount in savings, checking, and money market accounts)</i> | | | | | | | |
| C. SECURITIES <i>(Marketable value of stocks, bonds, mutual funds, shares and other securities)</i> | | | | | | | |
| D. INSURANCE <i>(Cash value of borrower's life insurance policies)</i> | | | | | | | |
| E. RETIREMENT INCOME ACCOUNTS <i>(IRA, Keogh, Plan, Employer Sponsored, etc.)</i> | | | | | | | |
| F. VEHICLES <i>(Include trucks, vans, boats, campers, airplanes, motorcycles and automobiles)</i> | | | | | | | |
| G. APPLIANCES <i>(Cash value of washer/dryer, television set, etc.)</i> | | | | | | | |
| H. HOME FURNISHINGS <i>(Cash value of furniture fixtures, etc.)</i> | | | | | | | |
| I. OTHER ASSETS <i>(Market value of jewelry, stamp collection, etc.)</i> | | | | | | | |
| J. TOTAL ASSETS | | | | | | \$ | |
| 27. LIABILITIES | | | | | | | |
| A. LONG-TERM DEBT BALANCES THAT GO BEYOND ONE YEAR <i>(Outstanding Balance)</i> | | | | | | \$ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| B. SHORT-TERM BALANCES TO BE PAID WITHIN ONE YEAR | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | C. TOTAL LIABILITIES | | | | | \$ | |
| 28. NET WORTH <i>(Item 26J minus Item 27C)</i> | | | | | | \$ | |
| 29. COMMENTS AND SUGGESTIONS <i>(Include any areas where expenses can be reduced or income can be increased so obligor(s) can meet loan obligations)</i> | | | | | | | |
| 30. WAS AN UNDERSTANDING REACHED WITH OBLIGOR(S) ON STEPS NECESSARY TO ALIGN EXPENSES WITH INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | 31. WAS A MONTHLY BUDGET PREPARED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 32. SCHEDULE OF PROPOSED PAYMENTS | | | | | | | |
| DATE | | | | | | | |
| AMOUNT | | | | | | | |
| SECTION IV - SIGNATURES | | | | | | | |
| <p>PRIVACY ACT INFORMATION: The information requested on this form is authorized by law (38 U.S.C. 3720 formerly 1820). While you are not required to respond, your cooperation is needed so we can adequately review your financial condition and assist you in connection with your home loan. This information will be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register.</p> <p>RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.</p> | | | | | | | |
| 33. SIGNATURE OF BORROWER/APPLICANT | | | 34. DATE | | 35. SIGNATURE OF SPOUSE | | 36. DATE |
| 37. DATE | | 38. SIGNATURE OF REPRESENTATIVE | | | | | |